

SERFF Tracking Number:	XLAM-125396144	State:	Arkansas
Filing Company:	XL Specialty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	07SD-XA--AC02-CW-AR-F		
TOI:	22.0 Aircraft	Sub-TOI:	22.0000 Aircraft
Product Name:	Aviation		
Project Name/Number:	Revised Aviation Forms Filing/07SD-XA-AC02-CW-AR-F		

Filing at a Glance

Company: XL Specialty Insurance Company

Product Name: Aviation

TOI: 22.0 Aircraft

Sub-TOI: 22.0000 Aircraft

Filing Type: Form

SERFF Tr Num: XLAM-125396144

SERFF Status: Closed

Co Tr Num: 07SD-XA--AC02-CW-AR-F

Co Status:

Author: Arshay Brown

Date Submitted: 12/20/2007

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 01/03/2008

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

State Filing Description:

General Information

Project Name: Revised Aviation Forms Filing

Project Number: 07SD-XA-AC02-CW-AR-F

Reference Organization:

Reference Title:

Filing Status Changed: 01/03/2008

State Status Changed: 01/03/2008

Corresponding Filing Tracking Number:

Filing Description:

December 20, 2007

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The Honorable Commissioner, Julie Benafield Bowman

ARKANSAS INSURANCE DEPARTMENT

PROPERTY & CASUALTY DIVISION

1200 W 3RD ST

SERFF Tracking Number: *XLAM-125396144* *State:* *Arkansas*
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LITTLE ROCK AR 72201-1904

RE: XL Specialty Insurance Company – NAIC: 1285-37885 / FEIN: 85-0277191

Aviation – Form Filing

Proposed Effective Date: March 1, 2008 OR Upon Earlier Approval

Filing Number: 07SD-XA-AC02-CW-AR-F

Dear Commissioner Bowman:

XL Specialty Insurance Company is filing a revision to their Aviation form filing. The previous revision to this program was contained under Company Filing Number 06SD-XA-AC02-CW-AR, approved effective 09/06/2006.

The new optional Movie and Television Filming Endorsements set forth scope of coverage and exclusions for non-owned contingent liability coverage specifically for aircraft utilized in conjunction with filming activity. The mandatory Asbestos Exclusion endorsement restricts coverage for claims arising out of asbestos exposure. We have included a forms list and a description of each new endorsement as well as an explanatory memorandum outlining the changes for your convenience.

The rates are exempt from filing requirements per Act 458 of 1999 and HB 1441.

Your early review and approval/acknowledgement of this submission will be appreciated. Should you have any questions concerning this filing, please contact me at the number or email below. Thank you for your attention to this submission.

Company and Contact

Filing Contact Information

Arshay Brown, State Filings Analyst
1201 North Market Street
Wilmington, DE 19801

Arshay.Brown@xlgroup.com
(302) 661-7048 [Phone]
(302) 778-4190[FAX]

Filing Company Information

<i>SERFF Tracking Number:</i>	<i>XLAM-125396144</i>	<i>State:</i>	<i>Arkansas</i>
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XL Specialty Insurance Company	CoCode: 37885	State of Domicile: Delaware
1201 N. Market Street	Group Code: 1285	Company Type:
Suite 501		
Wilmington, DE 19801	Group Name:	State ID Number:
(800) 394-3909 ext. [Phone]	FEIN Number: 85-0277191	

<i>SERFF Tracking Number:</i>	<i>XLAM-125396144</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
XL Specialty Insurance Company	\$50.00	12/20/2007	17198415

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/03/2008	01/03/2008

<i>SERFF Tracking Number:</i>	<i>XLAM-125396144</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 01/03/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	XLAM-125396144	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms List	Approved	Yes
Form	Movie and Television Filming Endorsement	Approved	Yes
Form	Movie and Television Filming Endorsement (Short Term)	Approved	Yes
Form	Asbestos Exclusion	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Movie and Television Filming Endorsement	NOAL-12	1007	Endorsement/New Amendment/Conditions		0.00	NOAL-12 1007.pdf
Approved	Movie and Television Filming Endorsement (Short Term)	NOAL-14	1007	Endorsement/New Amendment/Conditions		0.00	NOAL-14 1007.pdf
Approved	Asbestos Exclusion	NAX-06	1007	Endorsement/New Amendment/Conditions		0.00	NAX-06 1007.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MOVIE AND TELEVISION FILMING ENDORSEMENT

It is hereby understood and agreed that Item 6 of the Declarations, Uses, is amended to include the following:

The Insured's use of non-owned aircraft, as defined in this policy, for the preparation and filming of movies, television, commercials and other video projects, including refilming, location scouting and other entertainment industry related aerial activities agreed by W. Brown & Associates Insurance Services (hereinafter referred to as "Aviation Managers").

The Coverage provided at inception is for Non-Owned Contingent Liability only.

In the event that coverage is required for activities in which a non-owned aircraft will be used for a production event, a description of those activities (including full details of the aircraft and declared maximum number of days and number of passengers) must be submitted to Aviation Managers within 30 days of attachment and appropriate additional premiums paid. **Such Declaration may be made for Non-Owned Contingent Liability only in respect of aircraft designed to have fewer than 50 passenger seats. No coverage is provided in respect of any aircraft designed to have 50 or more passenger seats.**

This endorsement applies as follows:

1. In respect of pilots approved by the Insured, the validity of coverage hereunder shall not be affected due to any approved pilot violating the terms and limitations of his pilot certificate provided that the Insured's risk management department is unaware of such violation.
2. Inadvertent violation of Civil Air Regulations without the knowledge or consent of the Named Insured shall not invalidate the coverage provided hereunder.
3. Coverage is extended to experimental aircraft with Federal Aviation Authority waivers for stunt flying and aerobatics as required.

This policy shall not apply:

1. to balloons, dirigibles, blimps, ultra light aircraft or hang-gliders unless specifically agreed to in writing by the Aviation Managers;
2. to Bodily Injury to or sickness, disease or death of any stunt person, skydiver, parachutist, photographer, or videographer caused by an occurrence which occurs after the stunt person, skydiver, parachutist, photographer or videographer has intentionally left the interior of the non-owned aircraft to perform a stunt, jump, freefall or parachute drop;
3. if the Aviation Managers have not been provided a description of the nature of activity to be covered hereunder prior to the start of the production event.

All other terms and conditions of the policy remained unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MOVIE AND TELEVISION FILMING ENDORSEMENT (SHORT TERM)

It is hereby understood and agreed that Item 6 of the Declarations, Uses, is amended to include the following:

The Insured's use of non-owned aircraft, as defined in this policy, for the preparation and filming of movies, television, commercials and other video projects, including refilming, location scouting and other entertainment industry related aerial activities agreed by W. Brown & Associates Insurance Services (hereinafter referred to as "Aviation Managers").

The Coverage provided at inception is for Non Owned Contingent Liability only.

Non Owned Contingent Liability is understood to be liability arising from the use of aircraft by the Insured when they are not required to purchase specific primary insurance coverage in respect of liability risks. The Insured will endeavor in these situations to be added as additional insureds on the aircraft operator's liability policy. The coverage hereon is for the interests of the Insured only excluding any liability for damage to the Aircraft being used. **Coverage for Non Owned Contingent Liability is provided hereunder only in respect of Aircraft designed to have fewer than 50 passenger seats. No coverage is provided in respect of any aircraft designed to have 50 or more passenger seats.**

This endorsement applies as follows:

1. In respect of pilots approved by the Insured, the validity of coverage hereunder shall not be affected due to any approved pilot violating the terms and limitations of his pilot certificate provided that the Insured's risk management department is unaware of such violation.
2. Inadvertent violation of Civil Air Regulations without the knowledge or consent of the Named Insured shall not invalidate the coverage provided hereunder.
3. Coverage is extended to experimental aircraft with Federal Aviation Authority waivers for stunt flying and aerobatics as required.

This policy shall not apply:

1. to balloons, dirigibles, blimps, ultra light aircraft or hang-gliders unless specifically agreed to in writing by the Aviation Managers;
2. to Bodily Injury to or sickness, disease or death of any stunt person, skydiver, parachutist, photographer, or videographer caused by an occurrence which occurs after the stunt person, skydiver, parachutist, photographer or videographer has intentionally left the interior of the non-owned aircraft to perform a stunt, jump, freefall or parachute drop;
3. if the Aviation Managers have not been provided a description of the activity to be covered hereunder prior to the start of the production event.

All other terms and conditions of the policy remained unchanged.

ENDORSEMENT

This endorsement, effective 12:01 a.m., forms a part of
Policy No. issued to
by

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASBESTOS EXCLUSION

(WITH EXCEPTION FOR CRASH, FIRE, EXPLOSION, COLLISION OR RECORDED IN-FLIGHT EMERGENCY)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY AVIATION COVERAGE PART
AIRCRAFT HULL AND LIABILITY COVERAGE PART
AIRPORT LIABILITY PRODUCTS – COMPLETED OPERATIONS HAZARD COVERAGE PART
AVIATION PRODUCTS LIABILITY COVERAGE PART
NON-OWNED AIRCRAFT LIABILITY COVERAGE PART

I. Asbestos Exclusion

A. This insurance does not apply to:

1. Any "injury, damage, loss or expense" based upon or arising out of the actual or alleged existence, presence, inhalation, absorption or ingestion of, or contact with, exposure to or use of "asbestos", including but not limited to the following:
 - a. The installation, storage or handling of "asbestos";
 - b. The manufacture, distribution, sale, application, mining, consumption, or disposal of "asbestos" or goods, products or materials containing "asbestos";
 - c. The removal, abatement, containment, treatment, transportation or disposal of "asbestos";
 - d. The presence or alleged presence of "asbestos" in any structures, manufacturing processes, products or materials, or in any media including the air, soil or groundwater; or
 - e. Any directions, supervision, instructions, recommendations, warnings or advice given or which should have been given with respect to "asbestos".
2. Any loss, cost or expense arising out of any:
 - a. Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "asbestos"; or
 - b. Claim or "suit" by or on behalf of a governmental entity or others for damages because of testing for, monitoring, cleaning up removing, containing, treating, detoxifying or neutralizing, or in any way responding to or assessing the effects of "asbestos".

B. This exclusion applies regardless of whether the insured or others manufactured, distributed, sold, installed, or in any way handled, used, stored or controlled the "asbestos" and regardless of whether the alleged or actual presence of "asbestos" contributed concurrently or in any sequence to any "injury, damage, loss or expense".

C. This exclusion replaces any other asbestos exclusion set forth in the Policy Coverage Form.

II. Exception for Crash, Fire, Explosion, Collision or Recorded In-flight Emergency

This exclusion does not apply to any "injury, damage, loss or expense" otherwise covered by this Policy caused by exposure to "asbestos" resulting from a crash, fire, explosion or collision, or a recorded in-flight emergency causing abnormal aircraft operations.

III. Definitions

The following definitions apply to this Endorsement:

1. "Asbestos" means any form of the mineral known as asbestos or any form of impure magnesium silicate, including but not limited to any material, waste, equipment, device or product containing asbestos, or any dust or particles containing asbestos, whether or not the asbestos is friable and whether or not the asbestos is in or on any structure or in the air, soil, or groundwater or in any other media.
2. "Injury, damage, loss or expense" means any injury, damage, loss or expense covered under any Coverage Form or Policy to which this endorsement applies, and includes but is not limited to "bodily injury", "property damage", "personal and advertising injury", medical expenses or any other coverages as may be defined under this Policy or any applicable endorsement.

All other terms and conditions of this policy remain unchanged.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/03/2008
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Comments:

Attachment:

NAIC Transmittal.pdf

Satisfied -Name:	Forms List	Review Status:	Approved	01/03/2008
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Comments:

Attachment:

Forms List.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase
 ☐ Rate Decrease
 ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
-----------	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Revised Aviation Form Filing
07SD-XA-AC02-CW-AR-F

Form Name	Form Number
Asbestos Exclusion	NAX-06 1007
Movie and Television Filming Endorsement	NOAL-12 1007
Movie and Television Filming Endorsement (Short Term)	NOAL-14 1007